AS F	MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09782017 APPLICANT(S)				D2/M/D/		
W2 1	AS FILED AFTER			CLAIN AFTER		15			1.	1.				
IND		1st AME	NDMENT	2nd AME	ENDMENT		ļ		1	 		ļ	<u> </u>	
IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP	
<u> </u>	17	 		 			51 52		<u> </u>				-	
		 	 	 			53				 			
T		†	 				54	-	·		<u> </u>	 		
'				1	i		55						-	
			 		···	Ì	56		 	 -	 		 	
ī		T	 	1		•	57		 			 	 	
,	li	1				i	58		<u> </u>				†	
			T			l	59		_					
							60							
		L					61							
	<u></u>						62							
						ſ	63							
						I	64							
	<u> </u>			<u> </u>			65							
				<u> </u>			66							
	<u></u>	<u> </u>				[67							
						ļ	68						L	
		<u> </u>	ļ			l	69							
		 		<u> </u>		ļ	70							
		 					71							
		<u> </u>				ļ	72						<u> </u>	
						- }	73						ļ	
						ŀ	74						-	
-						ŀ	75		-					
		 				}	76							
						ŀ	77							
\rightarrow		-				- }	78					-		
						ŀ	79 80							
						1	81							
						ı	82						_	
						Ī	83				-			
	-					Ī	84	·		_		-		
						Ī	85					-		
							86							
						f	87							
l						ſ	88							
							89							
\longrightarrow						Ĺ	90]					
						L	91							
						-	92						_	
						L	93							
		-				Ļ	94							
						-	95							
						ļ.								
-+						-								
						}								
-+						⊦				$ \longrightarrow$				
$\overline{\cdot}$	- 			- 		- -								
<u>'</u>	_↓↓					Ľ	ND.		<u> </u>		1		1	
•						[6	DEP.			•	-	•		
1						7	TOTAL		·			7		
<u> </u>		١		J		J. J	┸╸	96 97 98 90 100 TOTAL IND. TOTAL DEP. TOTAL CLAIMS	97 98 90 100 TOTAL IND. TOTAL DEP.	97 98 90 100 TOTAL IND. TOTAL DEP. TOTAL	97 98 91 100 TOTAL IND. TOTAL TOTAL	97 98 90 100 TOTAL IND. TOTAL DEP.	97 98 90 100 TOTAL IND. TOTAL DEP. TOTAL	